

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Wells for Security

ADDRESS (number and street)

PO Box 5583

Check if different  
than previously  
reported. (ACC)

Cortland

NY

13045

2. FEC IDENTIFICATION NUMBER ▼

C

C00608828

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

22

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
06 / 28 / 2016in the  
State of

NY

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2016

through

M M / D D / Y Y Y Y  
06 / 08 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jacqueline Wilson

Signature of Treasurer

Jacqueline Wilson

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
06 / 16 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 137

Write or Type Committee Name

**Wells for Security**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	164345.00	426409.00
(b) Total Contribution Refunds (from Line 20(d)) .....	1350.00	1350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	162995.00	425059.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	473059.46	576693.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	473059.46	576693.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	75865.53	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	227500.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 137

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Wells for Security**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

139857.00

399785.00

**(ii) Unitemized.....**

8738.00

10874.00

**(iii) TOTAL of contributions from individuals ▶**

148595.00

410659.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

15750.00

15750.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

164345.00

426409.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

127500.00

227500.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

127500.00

227500.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

291845.00

653909.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 137

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	473059.46	576693.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1350.00	1350.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1350.00	1350.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	474409.46	578043.47

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	258429.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	291845.00
25. SUBTOTAL (add Line 23 and Line 24).....	550274.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	474409.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	75865.53

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Michael Allen**

Mailing Address 8 Bittersweet Lane

City

Fayetteville

State

NY

Zip Code

13066

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : A-908

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Mordechai Almakias**

Mailing Address 7 Longfellow Drive

City

Succasunna

State

NJ

Zip Code

07876

FEC ID number of contributing federal political committee.

C

Name of Employer

Push Beverages

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2016

Transaction ID : A-414

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Kenneth Alweis**

Mailing Address 5266 Wethersfield Road

City

Jamesville

State

NY

Zip Code

13078

FEC ID number of contributing federal political committee.

C

Name of Employer

Goldberg Segalla LLP

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Transaction ID : A-812

Amount of Each Receipt this Period

750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Carl Austin Jr.**  
 Mailing Address 6004 Singletree Lane

City State Zip Code  
 Jamesville NY 13078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Bowers & Company CPAs

Occupation  
 Managing Partner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 10 / 2016

Transaction ID : A-681

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jonathan L. Awner**  
 Mailing Address 4060 Battersea Road

City State Zip Code  
 Miami FL 33133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Akerman LLP

Occupation  
 Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 25 / 2016

Transaction ID : A-805

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Harris Bak**  
 Mailing Address 132 Overlook Road

City State Zip Code  
 New Rochelle NY 10804-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ortelins Ventures

Occupation  
 Analyst

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 11 / 2016

Transaction ID : A-713

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Daniel Balok**

Mailing Address 212 Mary Street

City

Elmira

State

NY

Zip Code

14901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		02		2016

Transaction ID : A-600

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Barclay Damon, LLP**Mailing Address 300 South State Street  
One Park Place

City

Syracuse

State

NY

Zip Code

13202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2016

Transaction ID : A-358

Amount of Each Receipt this Period

1000.00

☐ Memo ItemVerified Partnership/ NO PARTNERS REACH  
ITEMIZATION

Full Name (Last, First, Middle Initial)

**H. Douglas Barclay**

Mailing Address 4360 State Route 13

City

Pulaski

State

NY

Zip Code

13142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barclay Damon

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2016

Transaction ID : A-711

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**John S. Barsanti**

Mailing Address 4917 Bulrush Road

City State Zip Code  
 Syracuse NY 13215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Barsanti Group Owner

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M	D D	Y Y Y Y
05	06	2016

Transaction ID : A-669

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Marc S. Beckman**

Mailing Address 7971 Halite Course

City State Zip Code  
 Fayetteville NY 13066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 CCB Law Attorney

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1100.00

Date of Receipt

M M	D D	Y Y Y Y
06	06	2016

Transaction ID : A-955

Amount of Each Receipt this Period

100.00
--------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Robert J. Berger**

Mailing Address 121 Shirley Road

City State Zip Code  
 Syracuse NY 13224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Retired Retired

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M	D D	Y Y Y Y
05	09	2016

Transaction ID : A-696

Amount of Each Receipt this Period

1000.00
---------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1600.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Wayne Berman**

Mailing Address 1455 Pennsylvania Avenue NW

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berman EnterprisesOccupation  
Government Relations

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2016

Transaction ID : A-755

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Wayne Berman**

Mailing Address 1455 Pennsylvania Avenue NW

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berman EnterprisesOccupation  
Government Relations

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

Transaction ID : A-918

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Catherine Bertini**

Mailing Address 84 South Main Street

City

Homer

State

NY

Zip Code

13077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Syracuse UniversityOccupation  
Professor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2016

Transaction ID : A-694

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Paul E. Bleiberg**

Mailing Address **2401 Calvert Street NW**  
**Apartment 321**

City **Washington** State **DC** Zip Code **20008**

FEC ID number of contributing federal political committee. **C**

Name of Employer **National Milk Producers Federation** Occupation **Senior Director**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2016

Transaction ID : A-351

Amount of Each Receipt this Period

250.00
--------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Andrew M. Blum**

Mailing Address **320 East 57th Street**  
**Apartment 4B**

City **New York** State **NY** Zip Code **10022**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CL King** Occupation **Managing Director**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2016

Transaction ID : A-352

Amount of Each Receipt this Period

300.00
--------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Miles M. Bottrill**

Mailing Address **117 Juneway Road**

City **Syracuse** State **NY** Zip Code **13215**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Syracuse University** Occupation **Development Director**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		13		2016

Transaction ID : A-759

Amount of Each Receipt this Period

500.00
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☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1050.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Lawrence Brinker</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2016	
Mailing Address 3048 Norfolk Road		<b>Transaction ID : A-683</b>	
City Binghamton	State NY	Zip Code 13903	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer NUAIR Alliance	Occupation Executive Director		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>William C. Brod</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2016	
Mailing Address 2425 Ballina Road		<b>Transaction ID : A-710</b>	
City Cazenovia	State NY	Zip Code 13035	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer Syracuse New Times	Occupation Publisher		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>William C. Brod</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2016	
Mailing Address 2425 Ballina Road		<b>Transaction ID : A-950</b>	
City Cazenovia	State NY	Zip Code 13035	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer Syracuse New Times	Occupation Publisher		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1100.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 1350.00	
<b>TOTAL</b> This Period (last page this line number only).....		_____	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Graham W. Brodock**

Mailing Address **429 North Franklin Street**  
**Unit 307**

City **Syracuse** State **NY** Zip Code **13204**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Kris-Tech Wire Company** Occupation **Owner**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		13		2016

Transaction ID : A-757

Amount of Each Receipt this Period

<b>2000.00</b>
----------------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Eric M. Brown**

Mailing Address **4317 Syracuse Road**

City **Cazenovia** State **NY** Zip Code **13035**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Morgan Stanley** Occupation **Wealth Advisor**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2016

Transaction ID : A-603

Amount of Each Receipt this Period

<b>-1000.00</b>
-----------------

☐ Memo Item

RETURNED CHECK

**C.** Full Name (Last, First, Middle Initial)  
**T. Michael Brown**

Mailing Address **767 Euclid Circle**

City **Birmingham** State **AL** Zip Code **35213**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Bradley Arant Boult Cummings, LLP** Occupation **Attorney**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2016

Transaction ID : A-378

Amount of Each Receipt this Period

<b>250.00</b>
---------------

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

<b>1250.00</b>
----------------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Craig A. Buckhout**

Mailing Address 2939 Lyn Road

City

Cazenovia

State

NY

Zip Code

13085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockbridge Investment Management LLC

Occupation

Principal

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

Transaction ID : A-963

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Debra L. Burns**

Mailing Address 217 Maple Road

City

Syracuse

State

NY

Zip Code

13219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Church Residences

Occupation

Office Assistant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2016

Transaction ID : A-935

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**CNY Fertility Center**

Mailing Address 195 Intrepid Lane

City

Syracuse

State

NY

Zip Code

13205-2548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2016

Transaction ID : A-701

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Verified Sole-Proprietorship/ SEE MEMO ITEM

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Michel Cohen**

Mailing Address 1555 Presidential Way

City

North Miami Beach

State

FL

Zip Code

33179

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Realtor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Transaction ID : A-793

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Philip H. Cohen**Mailing Address 1500 Ocean Drive  
Apartment 903

City

Miami Beach

State

FL

Zip Code

33139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Transaction ID : A-801

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Robert S. Constable**

Mailing Address 17 Mill Street

City

Cazenovia

State

NY

Zip Code

13035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Transaction ID : A-629

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Philip Darivoff**

Mailing Address **1 Farmstead Road**

City **Short Hills** State **NJ** Zip Code **07078**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Investor**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		06		2016

Transaction ID : A-919

Amount of Each Receipt this Period

1000.00
---------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Solange David**

Mailing Address **21 Fir Tree Lane**

City **Jamesville** State **NY** Zip Code **13078**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2016

Transaction ID : A-619

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Barbara N. Davis**

Mailing Address **208 Edgemont Drive**

City **Syracuse** State **NY** Zip Code **13214**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2016

Transaction ID : A-615

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

PAGE 16 OF 137

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara N. Davis**  
 Mailing Address 208 Edgemont Drive

City State Zip Code  
 Syracuse NY 13214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 03 2016

Transaction ID : A-617

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Barbara N. Davis**  
 Mailing Address 208 Edgemont Drive

City State Zip Code  
 Syracuse NY 13214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 12 2016

Transaction ID : A-725

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Louis DeMent**  
 Mailing Address 9133 Ashley Landing Drive

City State Zip Code  
 Clay NY 13041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Giovanni Food Company, Inc.

Occupation  
 Chief Executive Officer

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 05 2016

Transaction ID : A-348

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1100.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Peter L. Derrenbacker**

Mailing Address 7405 Highbridge Terrace

City State Zip Code  
 Fayetteville NY 13066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Derrenbacker Group Benefit Specialists Owner

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2016

Transaction ID : A-384

Amount of Each Receipt this Period

250.00
--------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth Keady Dreyfuss**

Mailing Address 100 East Genesee Street

City State Zip Code  
 Skaneateles NY 13152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Homemaker Homemaker

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2016

Transaction ID : A-709

Amount of Each Receipt this Period

1500.00
---------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Lewis M. Eisenberg**

Mailing Address 12 East 49th Street  
 Floor 41

City State Zip Code  
 New York NY 10017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Ironhill Investments LLC Investments

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		19		2016

Transaction ID : A-763

Amount of Each Receipt this Period

2700.00
---------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4450.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Allen Essner**

Mailing Address 112 Donny Brook Road

City State Zip Code  
 Scarsdale NY 10583

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Ferber, Chan, Essner, and Coller, LLP Attorney

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : A-650

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Michael J. Falcone**

Mailing Address 333 West Washington Street  
 Suite 600

City State Zip Code  
 Syracuse NY 13202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Pioneer Companies Chairman and Chief Executive Officer

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2016

Transaction ID : A-353

Amount of Each Receipt this Period

2700.00
---------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Simon Fensterheim**

Mailing Address 72 Harlan Drive

City State Zip Code  
 New Rochelle NY 10804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Merit Adjustors Public Adjuster

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : A-653

Amount of Each Receipt this Period

1500.00
---------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4700.00
---------

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Finn**

Mailing Address 313 E Willow Street  
Suite 202

City Syracuse State NY Zip Code 13203

FEC ID number of contributing federal political committee. **C**

Name of Employer CBRE Syracuse NY Occupation Commercial Real Estate

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt

M M	D D	Y Y Y Y
05	11	2016

Transaction ID : A-718

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Stephen Fiske**

Mailing Address 6100 Hollywood Boulevard  
#305

City Hollywood State FL Zip Code 33024

FEC ID number of contributing federal political committee. **C**

Name of Employer City First Mortgage Occupation Banker

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M	D D	Y Y Y Y
05	25	2016

Transaction ID : A-821

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**James D. Fitzpatrick**

Mailing Address 201 Croyden Road

City Syracuse State NY Zip Code 13224

FEC ID number of contributing federal political committee. **C**

Name of Employer Bond, Schoeneck & King Occupation Attorney

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M	D D	Y Y Y Y
05	09	2016

Transaction ID : A-695

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Michael A. Fogel**  
 Mailing Address 5774 Innsbruck Road

City State Zip Code  
 East Syracuse NY 13057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Brown, Sharlow, Duke, & Fogel, P.C.

Occupation  
 Attorney

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 13 / 2016

Transaction ID : A-731

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Alexandra Forman**  
 Mailing Address 130 Shore Road

City State Zip Code  
 Port Washington NY 11050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Yext

Occupation  
 Salesperson

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 05 / 2016

Transaction ID : A-654

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Dorette Forman**  
 Mailing Address 130 Shore Road

City State Zip Code  
 Port Washington NY 11050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 05 / 2016

Transaction ID : A-657

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 137  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial) <b>A. Jessica Forman</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address 130 Shore Road		Transaction ID : A-655
City Port Washington	State NY	
Zip Code 11050		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C	Occupation Ingenium	<input type="checkbox"/> Memo Item
Name of Employer Recruiter	Election Cycle-to-Date 2700.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Nicole Forman</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address 130 Shore Road		Transaction ID : A-656
City Port Washington	State NY	
Zip Code 11050		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C	Occupation Student	<input type="checkbox"/> Memo Item
Name of Employer Student	Election Cycle-to-Date 2700.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Peter Forman</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address 130 Shore Road		Transaction ID : A-658
City Port Washington	State NY	
Zip Code 11050		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C	Occupation Executive	<input type="checkbox"/> Memo Item
Name of Employer Self-Employed	Election Cycle-to-Date 2700.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Steven J. Fredman**

Mailing Address 49 Standish Drive

City State Zip Code  
Scarsdale NY 10683

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Schulte, Roth, and Zabel, LLP Attorney

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2016

Transaction ID : A-706

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Henry W. Fust**

Mailing Address 4252 Westshore Manor Road

City State Zip Code  
Jamesville NY 13078

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fust Charles Chambers, LLP Certified Public Accountant

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2016

Transaction ID : A-702

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**William C. Gaetano**

Mailing Address 11123 Cosby Manor Road

City State Zip Code  
Utica NY 13502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Charles Gaetano Construction Corp. Vice President

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

Transaction ID : A-961

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Adam Gagas**

Mailing Address 7 Brandan Trail

City

Oswego

State

NY

Zip Code

13126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Disciplined Capital Management

Occupation  
 Investment Advisor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2016

Transaction ID : A-391

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Thomas Gerhardt**

Mailing Address 19 Forman Street

City

Cazenovia

State

NY

Zip Code

13035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self-Employed

Occupation  
 Business Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2016

Transaction ID : A-687

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Laurie Girsky**

Mailing Address 1354 Flagler Drive

City

Mamaroneck

State

NY

Zip Code

10543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self-Employed

Occupation  
 Financial Planner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2016

Transaction ID : A-783

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Richard Goldstein**

Mailing Address 4742 Sabre Lane

City

Manlius

State

NY

Zip Code

13104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Creative Capital of CNY, Inc.Occupation  
Settlement Consultant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2016

Transaction ID : A-599

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Matt A. Greenberg**

Mailing Address 4 Hillview Drive

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MRJ CapitalOccupation  
President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2016

Transaction ID : A-715

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Brett B. Greenky**

Mailing Address 7583 Windsbury Circle

City

Manlius

State

NY

Zip Code

13104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Syracuse Orthopedic SpecialistsOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2016

Transaction ID : A-305

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

A. Full Name (Last, First, Middle Initial)  
**Lynn L. Greenky**

Mailing Address **7583 Windsbury Circle**

City State Zip Code  
**Manlius NY 13104**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**Syracuse University**Occupation  
**Professor**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2016

Transaction ID : A-513

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)  
**Bruce Greenstein**

Mailing Address **327 Heathcote Road**

City State Zip Code  
**Scarsdale NY 10583**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**Physician Affiliate Group of New York**Occupation  
**Physician**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : A-649

Amount of Each Receipt this Period

500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)  
**Eric Greiner**

Mailing Address **1500 State Route 8**

City State Zip Code  
**Cold Brook NY 13324**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**Byrne Dairy**Occupation  
**Vice President**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		08		2016

Transaction ID : A-665

Amount of Each Receipt this Period

1500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**David T. Griffith**

Mailing Address 134 Paris Road

City

New Hartford

State

NY

Zip Code

13413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M. Griffith Investment Services, Inc.

Occupation

President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2016

Transaction ID : A-357

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Stanley D. Grubman**

Mailing Address 6458 Enclave Way

City

Boca Raton

State

FL

Zip Code

33496

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		25		2016

Transaction ID : A-804

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Ralph Habib**Mailing Address 211 West Jefferson Street  
Suite 22

City

Syracuse

State

NY

Zip Code

13202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		06		2016

Transaction ID : A-987

Amount of Each Receipt this Period

250.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Alex Halberstein</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 25 / 2016	
Mailing Address 20185 East Country Club Drive		<b>Transaction ID : A-816</b>	
City Miami	State FL	Zip Code 33180	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Jennifer Halimi</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2016	
Mailing Address 10450 Wilshire Boulevard Unit 9B		<b>Transaction ID : A-675</b>	
City Los Angeles	State CA	Zip Code 90024	Amount of Each Receipt this Period _____ 2700.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer Mayfair House	Occupation Retail		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5400.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jennifer Halimi</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2016	
Mailing Address 10450 Wilshire Boulevard Unit 9B		<b>Transaction ID : A-676</b>	
City Los Angeles	State CA	Zip Code 90024	Amount of Each Receipt this Period _____ 2700.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer Mayfair House	Occupation Retail		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5400.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 5900.00	
<b>TOTAL</b> This Period (last page this line number only).....		_____	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Michael Halimi**

Mailing Address 9420 Wilshire Boulevard  
 Floor 4

City	State	Zip Code
Beverly Hills	CA	90212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Omninet Capital

Occupation  
 Real Estate

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2016

Transaction ID : A-679

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Michael Halimi**

Mailing Address 9420 Wilshire Boulevard  
 Floor 4

City	State	Zip Code
Beverly Hills	CA	90212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Omninet Capital

Occupation  
 Real Estate

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2016

Transaction ID : A-680

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Gary Hertzberg**

Mailing Address 6452 Enclave Way

City	State	Zip Code
Boca Raton	FL	33496

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2016

Transaction ID : A-666

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial) <b>Stewart Hescheles</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 150 Great Neck Road Suite 201		Transaction ID : A-648
City Great Neck	State NY	
Zip Code 11021		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Lifespring Financial	Occupation Insurance Broker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Avi Hettena</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 12 / 2016
Mailing Address 7807 Camino De La Dora #7281		Transaction ID : A-392
City Rancho Santa Fe	State CA	
Zip Code 92067		Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer California Pacific Medical Center	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) <b>Larry J. Hochberg</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 24 / 2016
Mailing Address 180 East Pearson Street Apartment 6105		Transaction ID : A-786
City Chicago	State IL	
Zip Code 60611		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self-Employed	Occupation Investor	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 30 OF 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Husted**

Mailing Address 4805 Ormonde Drive

City Cazenovia	State NY	Zip Code 13035
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 01 / 2016

Transaction ID : A-302

Amount of Each Receipt this Period

1000.00
---------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Richard Husted**

Mailing Address 4805 Ormonde Drive

City Cazenovia	State NY	Zip Code 13035
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 06 / 2016

Transaction ID : A-949

Amount of Each Receipt this Period

250.00
--------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Bernard Kaminetsky**

Mailing Address 7991 Tennyson Court

City Boca Raton	State FL	Zip Code 33433-4145
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MDVIP	Occupation Physician
---------------------------	-------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 25 / 2016

Transaction ID : A-792

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Juan Kassab**  
 Mailing Address 7034 Highfield Road

City State Zip Code  
 Fayetteville NY 13066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self-Employed

Occupation  
 Dentist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 10 / 2016

Transaction ID : A-678

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Lisa Kaufman-Bensmihen**  
 Mailing Address 7880 Cummings Lane

City State Zip Code  
 Boca Raton FL 33433-4117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Miami Home Care Services

Occupation  
 Executive

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 25 / 2016

Transaction ID : A-791

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Bruce A. Kenan**  
 Mailing Address 103 West Lake Street

City State Zip Code  
 Skaneateles NY 13152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Destiny USA

Occupation  
 Partner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 11 / 2016

Transaction ID : A-704

Amount of Each Receipt this Period

700.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas R. Kennedy**

Mailing Address 225 Greenfield Parkway  
 Suite 202

City State Zip Code  
 Liverpool NY 13088

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 The Edgewater Company, LLC Real Estate

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		06		2016

Transaction ID : A-670

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Robert J. Kiltz**

Mailing Address 195 Intrepid Lane

City State Zip Code  
 Syracuse NY 13205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 CNY Fertility Center Physician

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2016

Transaction ID : A-1053

Amount of Each Receipt this Period

1000.00
---------

☒ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Peter M. Kip Jr.**

Mailing Address 6212 Julia Trail

City State Zip Code  
 Cicero NY 13039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Pelco Component Technologies President

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2016

Transaction ID : A-413

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00
---------



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Gary M. Krasna**

Mailing Address 22153 Premrose Way

City

Boca Raton

State

FL

Zip Code

33433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gary M. Krasna, PAOccupation  
Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Transaction ID : A-803

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Paul A. Kruss**Mailing Address 1000 West Island Boulevard  
#1603

City

Aventura

State

FL

Zip Code

33160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Business Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Transaction ID : A-817

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Po Lam**

Mailing Address 6067 Bay Hill Circle

City

Jamesville

State

NY

Zip Code

13078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Medical Professionals of NYOccupation  
Urologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2016

Transaction ID : A-922

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Lawrence Semel, MD PLLC**

Mailing Address 6200 Applecross Road

City State Zip Code  
Jamesville NY 13078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : A-621

Amount of Each Receipt this Period

500.00

☐ Memo Item

Verified Sole-Proprietorship/ SEE MEMO ITEM

**B.** Full Name (Last, First, Middle Initial)  
**Oscar Lebwohl**

Mailing Address 8 Rural Drive

City State Zip Code  
Scarsdale NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Columbia University Medical Center

Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

Transaction ID : A-652

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Alan Leist III**

Mailing Address 1102 Parkway East

City State Zip Code  
Utica NY 13501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Strategic Financial Services

Investment Advisor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

Transaction ID : A-920

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial) <b>Daniel S. Loeb</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>04 / 07 / 2016</b>
Mailing Address 390 Park Avenue 18th Floor		<b>Transaction ID : A-355</b>
City New York	State NY	
Zip Code 10022	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>2700.00</b>
Name of Employer Third Point, LLC	Occupation Investment Manager	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5400.00</b>	

Full Name (Last, First, Middle Initial) <b>Daniel S. Loeb</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>04 / 07 / 2016</b>
Mailing Address 390 Park Avenue 18th Floor		<b>Transaction ID : A-356</b>
City New York	State NY	
Zip Code 10022	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>2700.00</b>
Name of Employer Third Point, LLC	Occupation Investment Manager	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5400.00</b>	

Full Name (Last, First, Middle Initial) <b>Joseph A. Loskove</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>05 / 25 / 2016</b>
Mailing Address 7530 San Mateo Drive East		<b>Transaction ID : A-809</b>
City Boca Raton	State FL	
Zip Code 33433	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Memorial Healthcare System	Occupation Regional Medical Director	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5650.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Mindy Luxenberg-Grant**

Mailing Address 930 Greacen Point Road

City

Mamaroneck

State

NY

Zip Code

10543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Headhaul Capital Partners

Occupation

Chief Financial Officer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 / 11 / 2016

Transaction ID : A-380

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Jack H. Lyon**

Mailing Address PO Box 610

City

Bridgeport

State

NY

Zip Code

13030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alex Lyon &amp; Son

Occupation

President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 / 01 / 2016

Transaction ID : A-304

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Jack H. Lyon**

Mailing Address PO Box 610

City

Bridgeport

State

NY

Zip Code

13030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alex Lyon &amp; Son

Occupation

President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 11 / 2016

Transaction ID : A-716

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**James G. Mack**

Mailing Address 16 Millers Lane

City State Zip Code  
 Warwick NY 10990

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 LoCorr Funds Regional Vice President

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2016

Transaction ID : A-416

Amount of Each Receipt this Period

750.00
--------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**David J. Maines**

Mailing Address 101 Broome Corporate Parkway

City State Zip Code  
 Conklin NY 13748

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Maines Paper & Food Service Co-Chairman

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2016

Transaction ID : A-780

Amount of Each Receipt this Period

2700.00
---------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**William R. Maines**

Mailing Address PO Box 450

City State Zip Code  
 Conklin NY 13749

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Maines Paper & Food Service Co-Chairman

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2016

Transaction ID : A-789

Amount of Each Receipt this Period

2700.00
---------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6150.00
---------

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Harry Mamaysky**

Mailing Address **6 Mohican Trail**

City **Scarsdale** State **NY** Zip Code **10583**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Investor**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

**Transaction ID : A-640**

Amount of Each Receipt this Period

<b>500.00</b>
---------------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Patrick A. Mannion**

Mailing Address **7665 Hunt Lane**

City **Fayetteville** State **NY** Zip Code **13066**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Columbian Financial Group** Occupation **Vice Chair**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		04		2016

**Transaction ID : A-630**

Amount of Each Receipt this Period

<b>500.00</b>
---------------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Barry Mannis**

Mailing Address **180 Plymouth Drive**

City **Scarsdale** State **NY** Zip Code **10583**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Samuel Capital Management** Occupation **Executive**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

**Transaction ID : A-641**

Amount of Each Receipt this Period

<b>1000.00</b>
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☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

<b>2000.00</b>
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial) <b>Russell Mannis</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 89 Country Ridge Road		Transaction ID : A-639
City Scarsdale	State NY	
Zip Code 10583		Amount of Each Receipt this Period <div> <div></div> <div>500.00</div> </div> <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer Samuel Capital Management	Occupation Managing Member	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div> <div></div> <div>500.00</div> </div>	

Full Name (Last, First, Middle Initial) <b>Joseph Kemper Matt Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2016
Mailing Address 114 Marangale Road		Transaction ID : A-703
City Manlius	State NY	
Zip Code 13104		Amount of Each Receipt this Period <div> <div></div> <div>500.00</div> </div> <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer Dupli Envelopes & Graphics	Occupation Executive	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div> <div></div> <div>1500.00</div> </div>	

Full Name (Last, First, Middle Initial) <b>Gerald Matthews</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 09 / 2016
Mailing Address 22 Lynacres Boulevard		Transaction ID : A-688
City Fayetteville	State NY	
Zip Code 13066		Amount of Each Receipt this Period <div> <div></div> <div>500.00</div> </div> <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div> <div></div> <div>500.00</div> </div>	

SUBTOTAL of Receipts This Page (optional).....		<div> <div></div> <div>1500.00</div> </div>
TOTAL This Period (last page this line number only).....		<div> <div></div> <div></div> </div>

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Gerald Matthews**

Mailing Address 22 Lynacres Boulevard

City

Fayetteville

State

NY

Zip Code

13066

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2016

Transaction ID : A-912

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Lothar Mayer**

Mailing Address 7098 Ayrshire Lane

City

Boca Raton

State

FL

Zip Code

33496

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Transaction ID : A-796

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Wallace J. McDonald**

Mailing Address 9 Mill Street

City

Cazenovia

State

NY

Zip Code

13035-1407

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2016

Transaction ID : A-712

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1650.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>John Meier</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>08</td> <td></td> <td>2016</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	04		08		2016
M M M	/	D D D	/	Y Y Y Y Y										
04		08		2016										
Mailing Address 142 Drive A			<b>Transaction ID : A-386</b>											
City	State	Zip Code												
Elmira	NY	14905												
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>		500.00									
500.00														
Name of Employer Greek Peak Mountain Resort		Occupation General Partner	<input type="checkbox"/> Memo Item											
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>			500.00									
500.00														

  

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Jeffrey Merrill</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>09</td> <td></td> <td>2016</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	05		09		2016
M M M	/	D D D	/	Y Y Y Y Y										
05		09		2016										
Mailing Address 4701 Bamerick Road			<b>Transaction ID : A-691</b>											
City	State	Zip Code												
Janesville	NY	13078												
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">250.00</td> </tr> </table>		250.00									
250.00														
Name of Employer Retired		Occupation Retired	<input type="checkbox"/> Memo Item											
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">250.00</td> </tr> </table>			250.00									
250.00														

  

<b>C.</b> Full Name (Last, First, Middle Initial) <b>David Naftaly</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>09</td> <td></td> <td>2016</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	05		09		2016
M M M	/	D D D	/	Y Y Y Y Y										
05		09		2016										
Mailing Address 10359 Crossbeam Court			<b>Transaction ID : A-690</b>											
City	State	Zip Code												
Columbia	MD	21044												
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>		500.00									
500.00														
Name of Employer Retired		Occupation Retired	<input type="checkbox"/> Memo Item											
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>			500.00									
500.00														

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....			<table border="1"> <tr> <td colspan="5">1250.00</td> </tr> </table>		1250.00				
1250.00									
<b>TOTAL</b> This Period (last page this line number only).....			<table border="1"> <tr> <td colspan="5"></td> </tr> </table>						

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Robert N. Nielsen Jr.**

Mailing Address **4 Clifton Avenue**

City **Binghamton** State **NY** Zip Code **13905**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**2307.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		14		2016

Transaction ID : A-729

Amount of Each Receipt this Period

**2307.00**☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Ira Novich**

Mailing Address **3333 Henry Hudson Parkway**

City **Bronx** State **NY** Zip Code **10463**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Evicore Healthcare** Occupation **Medical Director**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : A-651

Amount of Each Receipt this Period

**250.00**☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Judy Plumley**

Mailing Address **7844 Cahill Road**

City **Manlius** State **NY** Zip Code **13104**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : A-677

Amount of Each Receipt this Period

**750.00**☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

<b>3307.00</b>
----------------

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Arnold Poltenson**

Mailing Address 4882 Briarwood Lane

City

Manlius

State

NY

Zip Code

13104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Transaction ID : A-925

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Tracy Powell**

Mailing Address 2001 Otter Creek Road

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sherrard &amp; Roe, PLC

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2016

Transaction ID : A-379

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Joseph Rafalowicz**

Mailing Address 1 Fenimore Road

City

New Rochelle

State

NY

Zip Code

10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

Transaction ID : A-624

Amount of Each Receipt this Period

700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2200.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**Full Name (Last, First, Middle Initial)  
**A. Ralph Habib, Esq. PLLC**Mailing Address 211 West Jefferson Street  
Suite 22

City	State	Zip Code
Syracuse	NY	13202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

Transaction ID : A-944

Amount of Each Receipt this Period

250.00

☐ Memo Item

Verified Non-Corporate/ SEE MEMO ITEM

Full Name (Last, First, Middle Initial)  
**B. Irving G. Raphael**

Mailing Address 7301 Dartmoor Crossing

City	State	Zip Code
Fayetteville	NY	13066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Syracuse Orthopedic Surgeons

Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2016

Transaction ID : A-667

Amount of Each Receipt this Period

1200.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
**C. Steven M. Reich**

Mailing Address 35 Brewster Terrace

City	State	Zip Code
New Rochelle	NY	10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Dentist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : A-906

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1700.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**Full Name (Last, First, Middle Initial)  
**A. Richard J. Riccelli**

Mailing Address P.O. Box 6418

City	State	Zip Code
Syracuse	NY	13217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riccelli Enterprises, Inc.Occupation  
Executive Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2016

Transaction ID : A-257

Amount of Each Receipt this Period

1000.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
**B. Michael P. Rose**

Mailing Address 7499 London Lane

City	State	Zip Code
Boca Raton	FL	33433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Real Estate

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		25		2016

Transaction ID : A-797

Amount of Each Receipt this Period

500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
**C. Andre Charles Rosenblatt**Mailing Address 160 East 72nd Street  
Floor 7

City	State	Zip Code
New York	NY	10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peregrine CommunicationsOccupation  
Public Relations

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2016

Transaction ID : A-765

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

×	11a		11b		11c		11d		
	12		13a		13b		14		15

NAME OF COMMITTEE (In Full)  
**Wells for Security**

 Memo Item

Memo Item

**Memo Item**

A diagram of a rectangular frame structure. It consists of two horizontal bars at the top and bottom, and ten vertical bars connecting them. The vertical bars are evenly spaced. The top bar has a small vertical tick mark at its left end. The bottom bar has a small vertical tick mark at its left end. The entire structure is enclosed in a thin rectangular border.

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Lief D. Rosenblatt**

Mailing Address 160 East 72nd Street

City State Zip Code  
 New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 ENE Investco Management Investor

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2016

Transaction ID : A-409

Amount of Each Receipt this Period

2700.00
---------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Lief D. Rosenblatt**

Mailing Address 160 East 72nd Street

City State Zip Code  
 New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 ENE Investco Management Investor

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2016

Transaction ID : A-410

Amount of Each Receipt this Period

2700.00
---------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Arnold J. Rubenstein**

Mailing Address 124 Pine Ridge Road

City State Zip Code  
 Fayetteville NY 13066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United Radio, Inc. Corporate Historian

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2016

Transaction ID : A-719

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5900.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Mark J. Rubin**  
 Mailing Address 415 Buena Vista Avenue

City State Zip Code  
 Mill Valley CA 94941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Morgan Stanley

Occupation  
 Senior Vice President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 25 2016

Transaction ID : A-808

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kathryn H. Ruscitto**  
 Mailing Address 4807 Yenney Road

City State Zip Code  
 Syracuse NY 13215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 St. Joseph's Health

Occupation  
 President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 11 2016

Transaction ID : A-394

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ehud Sadan**  
 Mailing Address 1 Piping Rock Way

City State Zip Code  
 New Rochelle NY 10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Anchin, Block, & Anchin

Occupation  
 Partner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 11 2016

Transaction ID : A-708

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**John Sardella**

Mailing Address 4210 Halfmoon Circle

City State Zip Code  
 Liverpool NY 13090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Liverpool Central School District Principal

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2016

Transaction ID : A-847

Amount of Each Receipt this Period

100.00
--------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Allison Schwartz**

Mailing Address 1410 Dade Lane

City State Zip Code  
 Alexandria VA 22308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Intuit Vice President of Government Relations

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2016

Transaction ID : A-845

Amount of Each Receipt this Period

250.00
--------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Anastasia Semel**

Mailing Address 5784 Stone Gate Heights  
 #8

City State Zip Code  
 Jamesville NY 13078

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Centolella Lynn Attorney

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2016

Transaction ID : A-607

Amount of Each Receipt this Period

350.00
--------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

700.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Anastasia Semel</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2016	
Mailing Address 5784 Stone Gate Heights #8		<b>Transaction ID : A-930</b>	
City Jamesville	State NY	Zip Code 13078	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer Centolella Lynn	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1050.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Lawrence Semel</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2016	
Mailing Address 6200 Applecross Road		<b>Transaction ID : A-1054</b>	
City Jamesville	State NY	Zip Code 13078	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Self-Employed	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jayne Shapiro</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 25 / 2016	
Mailing Address 9601 Collins Avenue #510		<b>Transaction ID : A-820</b>	
City Miami Beach	State FL	Zip Code 33154	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer Information Requested	Occupation Nurse		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		600.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Richard K. Sheehan**  
 Mailing Address 5069 Bridle Path Road

City State Zip Code  
 Fayetteville NY 13066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 13 2016

Transaction ID : A-758

Amount of Each Receipt this Period

750.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Debrah A. Shulman**  
 Mailing Address 5193 Duane Drive

City State Zip Code  
 Fayetteville NY 13066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 12 2016

Transaction ID : A-726

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Michael Silberberg**  
 Mailing Address 4665 East Lake Road

City State Zip Code  
 Cazenovia NY 13035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Berkley Properties, LLC

Occupation  
 Real Estate

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 06 2016

Transaction ID : A-956

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Larry D. Silver**

Mailing Address 1001 Telecom Drive

City Boca Raton	State FL	Zip Code 33431
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Developer
---	-------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 25 / 2016

Transaction ID : A-795

Amount of Each Receipt this Period

1000.00
---------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Barry J. Silverman**

Mailing Address 19553 Northeast 37th Avenue

City Miami	State FL	Zip Code 33180
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 25 / 2016

Transaction ID : A-819

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Steven Smith**

Mailing Address 335 Daisy Farms Drive

City Scarsdale	State NY	Zip Code 10583
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Consultant
-----------------------------------	--------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 05 / 2016

Transaction ID : A-647

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**David Sputz**

Mailing Address 585 Crown Street

City State Zip Code  
 Brooklyn NY 11213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 RCM Manager

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2016

Transaction ID : A-784

Amount of Each Receipt this Period

1000.00
---------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**William A. Stern**

Mailing Address 525 Executive Boulevard

City State Zip Code  
 Elmsford NY 10523

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Multigon Industries Engineer

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2016

Transaction ID : A-707

Amount of Each Receipt this Period

1000.00
---------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Emily Sundman**

Mailing Address 1002 Buckner Road

City State Zip Code  
 Lipan TX 76462

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Kindred Bio Veterinarian

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2016

Transaction ID : A-515

Amount of Each Receipt this Period

2700.00
---------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4700.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Zachary Sundman</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2016	
Mailing Address 214 West Jefferson Street Apartment 303		<b>Transaction ID : A-682</b>	
City Syracuse	State NY	Zip Code 13202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer Not In Workforce		Occupation Not In Workforce	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Douglas B. Sutherland</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 25 / 2016	
Mailing Address 429 North Franklin Street Mission Landing # 114		<b>Transaction ID : A-799</b>	
City Syracuse	State NY	Zip Code 13204-1400	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Franklin Properties		Occupation Developer	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Judith H. Swartz</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 25 / 2016	
Mailing Address 1001 South Ocean Boulevard		<b>Transaction ID : A-794</b>	
City Delray Beach	State FL	Zip Code 33483	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Retired		Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		3950.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**James D. Taylor III**

Mailing Address 2951 East Lake Road

City

Skaneateles

State

NY

Zip Code

13152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JD Taylor Construction Corp.

Occupation

Contractor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : A-1001

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Patricia A. Usherwood**

Mailing Address 1847 Watson Circle

City

Tully

State

NY

Zip Code

13159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Usherwood Office Technology

Occupation

Managed Services

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2016

Transaction ID : A-934

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**George Violin**

Mailing Address 16 Main Street

City

Dover

State

MA

Zip Code

02030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Transaction ID : A-800

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Patrick Vogl**

Mailing Address 2305 Wellington Drive

City

Cazenovia

State

NY

Zip Code

13035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bristol Myers Squibb

Occupation

Pharmaceutical Sales

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

Transaction ID : A-946

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**James T. Walsh**

Mailing Address 303 C Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

K&amp;L Gates LLP

Occupation

Counselor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Transaction ID : A-928

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Stanley Wasserman**

Mailing Address 2144 Trenor Drive

City

New Rochelle

State

NY

Zip Code

10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Real Estate Agent

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

Transaction ID : A-612

Amount of Each Receipt this Period

600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

**A.** Full Name (Last, First, Middle Initial)  
**Shira Rina Weinstein**  
 Mailing Address 826 Walton Avenue

City State Zip Code  
 Mamaroneck NY 10543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 11 2016

Transaction ID : A-714

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mark N. Wladis**  
 Mailing Address 6312 Fly Road

City State Zip Code  
 East Syracuse NY 13057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 The Wladis Law Firm

Occupation  
 Attorney

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 04 2016

Transaction ID : A-936

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mark J. Worden**  
 Mailing Address 4886 Tanglewood Lane

City State Zip Code  
 Manlius NY 13104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UBS Financial

Occupation  
 Banker

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 09 2016

Transaction ID : A-689

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Stephen Zogby**

Mailing Address 4 Tennyson Circle

City

New Hartford

State

NY

Zip Code

13413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scalza Zogby InsuranceOccupation  
Agent

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		27		2016

Transaction ID : A-586

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

139857.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>American Principles</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 25 / 2016	
Mailing Address 20533 Biscayne Boulevard Suite 250		<b>Transaction ID : A-810</b>	
City Aventura	State FL	Zip Code 33180	
FEC ID number of contributing federal political committee. <b>C</b> C00492579		Amount of Each Receipt this Period _____ 500.00	
Name of Employer _____		Occupation _____	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Election Cycle-to-Date _____ 500.00	
<input type="checkbox"/> Memo Item			

<b>B.</b> Full Name (Last, First, Middle Initial) <b>E-PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 01 / 2016	
Mailing Address PO Box 500		<b>Transaction ID : A-300</b>	
City Glens Falls	State NY	Zip Code 12801	
FEC ID number of contributing federal political committee. <b>C</b> C00570945		Amount of Each Receipt this Period _____ 1000.00	
Name of Employer _____		Occupation _____	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Election Cycle-to-Date _____ 1000.00	
<input type="checkbox"/> Memo Item			

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Florida Congressional Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2016	
Mailing Address 6100 Hollywood Boulevard Suite 305		<b>Transaction ID : A-904</b>	
City Hollywood	State FL	Zip Code 33024	
FEC ID number of contributing federal political committee. <b>C</b> C00127811		Amount of Each Receipt this Period _____ 2000.00	
Name of Employer _____		Occupation _____	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Election Cycle-to-Date _____ 4000.00	
<input type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3500.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

Florida Congressional Committee

Mailing Address 6100 Hollywood Boulevard  
Suite 305

City	State	Zip Code
Hollywood	FL	33024

FEC ID number of contributing  
federal political committee.

C C00127811

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 31 / 2016

Transaction ID : A-905

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Friends for Joseph Carni

Mailing Address 330 North Salina Street

City	State	Zip Code
Syracuse	NY	13203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 04 / 2016

Transaction ID : A-933

Amount of Each Receipt this Period

250.00

☐ Memo Item

Federally Permissible Funds

Full Name (Last, First, Middle Initial)

Gene Conway For Sheriff

Mailing Address 5734 Thompson Road

City	State	Zip Code
Syracuse	NY	13214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 31 / 2016

Transaction ID : A-909

Amount of Each Receipt this Period

500.00

☐ Memo Item

Federally Permissible Funds

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Wells for Security

A. Full Name (Last, First, Middle Initial)  
Ileana Ros-Lehtinen's Leadership PAC (IRL PAC)

Mailing Address P.O. Box 90-1233

City State Zip Code  
Homestead FL 33090

FEC ID number of contributing  
federal political committee.

C C00402982

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 17 2016

Transaction ID : A-767

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)  
International Union of Operating Engineers Political Education Committee (EPEC)

Mailing Address 1125 Seventeenth Street NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

C C00029504

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 11 2016

Transaction ID : A-717

Amount of Each Receipt this Period

5000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)  
Marsh & McLennan Companies Inc. PAC

Mailing Address 1166 Avenue of the Americas

City State Zip Code  
New York NY 10036

FEC ID number of contributing  
federal political committee.

C C00457234

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 31 2016

Transaction ID : A-910

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**A. National Automatic Merchandising Association PAC (NAMA-PAC)**

Mailing Address 20 Wacker Drive  
 Suite 3500

City	State	Zip Code
Chicago	IL	60606

FEC ID number of contributing  
federal political committee.

**C** C00235762

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2016

Transaction ID : A-354

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. National Automatic Merchandising Association PAC (NAMA-PAC)**

Mailing Address 20 Wacker Drive  
 Suite 3500

City	State	Zip Code
Chicago	IL	60606

FEC ID number of contributing  
federal political committee.

**C** C00235762

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : A-929

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**  
 Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

15750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 63 OF 137

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Steven Wells**

Mailing Address 4478 New York 92

City

Cazenovia

State

NY

Zip Code

13035

FEC ID number of contributing  
federal political committee.**C** H6NY22114

Name of Employer

US Congress

Occupation

Candidate

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

125000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	16	/	2016

Transaction ID : A-733

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
Personal Loan

Full Name (Last, First, Middle Initial)

**Steven Wells**

Mailing Address 4478 New York 92

City

Cazenovia

State

NY

Zip Code

13035

FEC ID number of contributing  
federal political committee.**C** H6NY22114

Name of Employer

US Congress

Occupation

Candidate

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

150000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	24	/	2016

Transaction ID : A-875

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
Personal Loan

Full Name (Last, First, Middle Initial)

**Steven Wells**

Mailing Address 4478 New York 92

City

Cazenovia

State

NY

Zip Code

13035

FEC ID number of contributing  
federal political committee.**C** H6NY22114

Name of Employer

US Congress

Occupation

Candidate

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

200000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	27	/	2016

Transaction ID : A-828

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
Personal Loan

SUBTOTAL of Receipts This Page (optional).....

100000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 137

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	--	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Wells for Security**

Full Name (Last, First, Middle Initial)

**Steven Wells**

Mailing Address 4478 New York 92

City

Cazenovia

State

NY

Zip Code

13035

FEC ID number of contributing  
federal political committee.**C** H6NY22114

Name of Employer

US Congress

Occupation

Candidate

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : A-915

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
☐ Personal Loan

Full Name (Last, First, Middle Initial)

**Steven Wells**

Mailing Address 4478 New York 92

City

Cazenovia

State

NY

Zip Code

13035

FEC ID number of contributing  
federal political committee.**C** H6NY22114

Name of Employer

US Congress

Occupation

Candidate

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

227500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : A-967

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
☐ Personal Loan

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

☐ Memo Item
**SUBTOTAL** of Receipts This Page (optional).....

27500.00

**TOTAL** This Period (last page this line number only).....

127500.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106City State Zip Code  
Baton Rouge LA 70808Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

484.50

☐ Memo Item

Transaction ID : B-292

**B. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106City State Zip Code  
Baton Rouge LA 70808Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2016

Amount of Each Disbursement this Period

45.30

☐ Memo Item

Transaction ID : B-360

**C. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106City State Zip Code  
Baton Rouge LA 70808Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

32.10

☐ Memo Item

Transaction ID : B-361

**SUBTOTAL** of Disbursements This Page (optional).....

561.90

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	08	2016

Amount of Each Disbursement this Period

124.65

☐ Memo Item

Transaction ID : B-362

**B. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	14	2016

Amount of Each Disbursement this Period

38.85

☐ Memo Item

Transaction ID : B-396

**C. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	15	2016

Amount of Each Disbursement this Period

121.80

☐ Memo Item

Transaction ID : B-397

**SUBTOTAL** of Disbursements This Page (optional).....

285.30

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106City State Zip Code  
Baton Rouge LA 70808Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2016

Amount of Each Disbursement this Period

491.40

☐ Memo Item

Transaction ID : B-412

**B. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106City State Zip Code  
Baton Rouge LA 70808Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

68.10

☐ Memo Item

Transaction ID : B-418

**C. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106City State Zip Code  
Baton Rouge LA 70808Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2016

Amount of Each Disbursement this Period

2.55

☐ Memo Item

Transaction ID : B-430

**SUBTOTAL** of Disbursements This Page (optional).....

562.05

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106City State Zip Code  
Baton Rouge LA 70808Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2016

Amount of Each Disbursement this Period

4.80
------

☐ Memo Item

Transaction ID : B-519

**B. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106City State Zip Code  
Baton Rouge LA 70808Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2016

Amount of Each Disbursement this Period

27.60
-------

☐ Memo Item

Transaction ID : B-589

**C. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106City State Zip Code  
Baton Rouge LA 70808Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

34.35
-------

☐ Memo Item

Transaction ID : B-913

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

66.75
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106City State Zip Code  
Baton Rouge LA 70808Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

1101.00

☐ Memo Item

Transaction ID : B-660

**B. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106City State Zip Code  
Baton Rouge LA 70808Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

133.65

☐ Memo Item

Transaction ID : B-698

**C. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106City State Zip Code  
Baton Rouge LA 70808Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2016

Amount of Each Disbursement this Period

841.79

☐ Memo Item

Transaction ID : B-721

**SUBTOTAL** of Disbursements This Page (optional).....

2076.44

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2016

Amount of Each Disbursement this Period

104.11

☐ Memo Item

Transaction ID : B-751

**B. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2016

Amount of Each Disbursement this Period

45.30

☐ Memo Item

Transaction ID : B-769

**C. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2016

Amount of Each Disbursement this Period

126.60

☐ Memo Item

Transaction ID : B-770

**SUBTOTAL** of Disbursements This Page (optional).....

276.01

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

Amount of Each Disbursement this Period

68.10
-------

☐ Memo Item

Transaction ID : B-814

**B. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

Amount of Each Disbursement this Period

95.01
-------

☐ Memo Item

Transaction ID : B-840

**C. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

21.15
-------

☐ Memo Item

Transaction ID : B-841

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

184.26

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

4.80
------

☐ Memo Item

Transaction ID : B-874

**B. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

Amount of Each Disbursement this Period

29.85
-------

☐ Memo Item

Transaction ID : B-942

**C. Anedot**Mailing Address 555 Hilton Avenue  
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement  
E-Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

Amount of Each Disbursement this Period

17.55
-------

☐ Memo Item

Transaction ID : B-965

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

52.20



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. AppRiver**Mailing Address 1101 Gulf Breeze Parkway  
Suite 200City State Zip Code  
Gulf Breeze FL 32561Purpose of Disbursement  
Software Service

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2016

Amount of Each Disbursement this Period

129.35

☐ Memo Item

Transaction ID : B-852

**B. Aquino's Restaurant**

Mailing Address 910 Old Floyd Road

City State Zip Code  
Rome NY 13440Purpose of Disbursement  
Catering

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2016

Amount of Each Disbursement this Period

481.85

☐ Memo Item

Transaction ID : B-553

**C. Arnold J. Hodes & Company**

Mailing Address 2030 Erie Boulevard East

City State Zip Code  
Syracuse NY 13224Purpose of Disbursement  
Financial Disclosure Preparation

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

995.00

☐ Memo Item

Transaction ID : B-738

**SUBTOTAL** of Disbursements This Page (optional).....

1606.20

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Arograph**

Mailing Address 847 North Avenue

City	State	Zip Code
Syracuse	NY	13206

Purpose of Disbursement  
Printing

006

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

Amount of Each Disbursement this Period

2197.80

☐ Memo Item

Transaction ID : B-982

Full Name (Last, First, Middle Initial)

**B. Taylor A. Blume**

Mailing Address 107 Osborne Drive

City	State	Zip Code
East Syracuse	NY	13057

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

566.75

☒ Memo Item

Transaction ID : B-555

Full Name (Last, First, Middle Initial)

**c. Taylor A. Blume**

Mailing Address 107 Osborne Drive

City	State	Zip Code
East Syracuse	NY	13057

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

385.74

☒ Memo Item

Transaction ID : B-526

SUBTOTAL of Disbursements This Page (optional).....

2197.80

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Taylor A. Blume**

Mailing Address 107 Osborne Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

City	State	Zip Code
East Syracuse	NY	13057

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

669.31
--------

☒ Memo Item

Transaction ID : B-880

Full Name (Last, First, Middle Initial)

**B. Taylor A. Blume**

Mailing Address 107 Osborne Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

City	State	Zip Code
East Syracuse	NY	13057

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

347.90
--------

☒ Memo Item

Transaction ID : B-857

Full Name (Last, First, Middle Initial)

**c. Taylor A. Blume**

Mailing Address 107 Osborne Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

City	State	Zip Code
East Syracuse	NY	13057

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

1213.15
---------

☒ Memo Item

Transaction ID : B-975

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Callahan Digital Printing**

Mailing Address 229 Lower Stella Ireland Road

City	State	Zip Code
Binghamton	NY	13905

Purpose of Disbursement  
Printing

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

1117.80

☐ Memo Item

Transaction ID : B-404

**B. Callahan Digital Printing**

Mailing Address 229 Lower Stella Ireland Road

City	State	Zip Code
Binghamton	NY	13905

Purpose of Disbursement  
Printing

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

Amount of Each Disbursement this Period

2647.08

☐ Memo Item

Transaction ID : B-406

**c. Callahan Digital Printing**

Mailing Address 229 Lower Stella Ireland Road

City	State	Zip Code
Binghamton	NY	13905

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Transaction ID : B-575

**SUBTOTAL** of Disbursements This Page (optional).....

18764.88

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Callahan Digital Printing**

Mailing Address 229 Lower Stella Ireland Road

City	State	Zip Code
Binghamton	NY	13905

Purpose of Disbursement  
SEE MEMO ITEMS

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

4951.80

☐ Memo Item

Transaction ID : B-590

**B. Callahan Digital Printing**

Mailing Address 229 Lower Stella Ireland Road

City	State	Zip Code
Binghamton	NY	13905

Purpose of Disbursement  
Printing

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

910.44

☒ Memo Item

Transaction ID : B-591

**c. Callahan Digital Printing**

Mailing Address 229 Lower Stella Ireland Road

City	State	Zip Code
Binghamton	NY	13905

Purpose of Disbursement  
Printing

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

4041.36

☒ Memo Item

Transaction ID : B-592

**SUBTOTAL** of Disbursements This Page (optional).....

4951.80

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Callahan Digital Printing**

Mailing Address 229 Lower Stella Ireland Road

City	State	Zip Code
Binghamton	NY	13905

Purpose of Disbursement  
Printing

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2016

Amount of Each Disbursement this Period

6017.17

☐ Memo Item

Transaction ID : B-723

**B. Callahan Digital Printing**

Mailing Address 229 Lower Stella Ireland Road

City	State	Zip Code
Binghamton	NY	13905

Purpose of Disbursement  
Printing

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

1805.76

☐ Memo Item

Transaction ID : B-736

**c. Campaign Financial Services**

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement  
SEE MEMO ITEMS

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

Amount of Each Disbursement this Period

1625.00

☐ Memo Item

Transaction ID : B-577

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9447.93

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Campaign Financial Services**

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement  
Compliance Consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

Amount of Each Disbursement this Period

1500.00

☒ Memo Item

Transaction ID : B-578

Full Name (Last, First, Middle Initial)

**B. Campaign Financial Services**

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement  
General Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

Amount of Each Disbursement this Period

125.00

☒ Memo Item

Transaction ID : B-579

Full Name (Last, First, Middle Initial)

**C. Campaign Financial Services**

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement  
SEE MEMO ITEMS

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

Amount of Each Disbursement this Period

1666.96

☐ Memo Item

Transaction ID : B-824

**SUBTOTAL** of Disbursements This Page (optional).....

1666.96

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Campaign Financial Services**

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement  
Compliance Consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

Amount of Each Disbursement this Period

1500.00

☒ Memo Item

Transaction ID : B-825

**B. Campaign Financial Services**

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement  
General Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

Amount of Each Disbursement this Period

125.00

☒ Memo Item

Transaction ID : B-826

**C. Campaign HQ**

Mailing Address 109 West Front Street

City	State	Zip Code
Brooklyn	IA	52211

Purpose of Disbursement  
Robocalls

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

1967.32

☐ Memo Item

Transaction ID : B-893

**SUBTOTAL** of Disbursements This Page (optional).....

1967.32

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Campaign HQ**

Mailing Address 109 West Front Street

City	State	Zip Code
Brooklyn	IA	52211

Purpose of Disbursement  
Robocalls

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Transaction ID : B-895

**B. Campaign HQ**

Mailing Address 109 West Front Street

City	State	Zip Code
Brooklyn	IA	52211

Purpose of Disbursement  
Robocalls

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

839.20

☐ Memo Item

Transaction ID : B-897

**c. Campaign HQ**

Mailing Address 109 West Front Street

City	State	Zip Code
Brooklyn	IA	52211

Purpose of Disbursement  
Robocalls

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2016

Amount of Each Disbursement this Period

112.55

☐ Memo Item

Transaction ID : B-866

**SUBTOTAL** of Disbursements This Page (optional).....

1051.75

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Campaign HQ**

Mailing Address 109 West Front Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2016

City	State	Zip Code
Brooklyn	IA	52211

Amount of Each Disbursement this Period

175.80
--------

Purpose of Disbursement  
Robocalls

001

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : B-854

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Campaign HQ**

Mailing Address 109 West Front Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

City	State	Zip Code
Brooklyn	IA	52211

Amount of Each Disbursement this Period

742.50
--------

Purpose of Disbursement  
Robocalls

001

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : B-849

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Campaign HQ**

Mailing Address 109 West Front Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

City	State	Zip Code
Brooklyn	IA	52211

Amount of Each Disbursement this Period

181.75
--------

Purpose of Disbursement  
Robocalls

001

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : B-992

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1100.05

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Angela Capria Mindemann**

Mailing Address 2444 Charleston Avenue

City	State	Zip Code
Vestal	NY	13850

Purpose of Disbursement  
Graphic Design Services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

Amount of Each Disbursement this Period

662.50

☐ Memo Item

Transaction ID : B-402

Full Name (Last, First, Middle Initial)

**B. Angela Capria Mindemann**

Mailing Address 2444 Charleston Avenue

City	State	Zip Code
Vestal	NY	13850

Purpose of Disbursement  
Graphic Design Services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Transaction ID : B-593

Full Name (Last, First, Middle Initial)

**c. Cherry Communications**Mailing Address 227 North Bronough Street  
Suite 4100

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement  
Robocalls

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2016

Amount of Each Disbursement this Period

731.83

☐ Memo Item

Transaction ID : B-421

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1644.83

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Cherry Communications**Mailing Address 227 North Bronough Street  
Suite 4100

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement  
Robocalls

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

Amount of Each Disbursement this Period

2095.00

☐ Memo Item

Transaction ID : B-580

**B. D&M Litigation Services**

Mailing Address PO Box 232

City North Syracuse State NY Zip Code 13212

Purpose of Disbursement  
Legal Consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2016

Amount of Each Disbursement this Period

1182.86

☐ Memo Item

Transaction ID : B-672

**c. Dupli Envelope & Graphics**

Mailing Address PO Box 11500

City Syracuse State NY Zip Code 13218

Purpose of Disbursement  
Printing

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

850.01

☐ Memo Item

Transaction ID : B-405

**SUBTOTAL** of Disbursements This Page (optional).....

4127.87

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Dupli Envelope & Graphics**

Mailing Address PO Box 11500

City	State	Zip Code
Syracuse	NY	13218

Purpose of Disbursement  
Printing

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

Amount of Each Disbursement this Period

144.69

☐ Memo Item

Transaction ID : B-596

Full Name (Last, First, Middle Initial)

**B. Epiphany Productions**

Mailing Address 104 Hume Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement  
Fundraising Consulting

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Transaction ID : B-576

Full Name (Last, First, Middle Initial)

**c. Epiphany Productions**

Mailing Address 104 Hume Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement  
SEE MEMO ITEM

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

Amount of Each Disbursement this Period

3154.94

☐ Memo Item

Transaction ID : B-837

**SUBTOTAL** of Disbursements This Page (optional).....

6299.63

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Epiphany Productions**

Mailing Address 104 Hume Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement  
Fundraising Consulting

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

Amount of Each Disbursement this Period

3000.00

☒ Memo Item

Transaction ID : B-838

**B. Facebook**

Mailing Address 1 Hacker Way

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

90.05

☐ Memo Item

Transaction ID : B-570

**c. Facebook**

Mailing Address 1 Hacker Way

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

204.68

☐ Memo Item

Transaction ID : B-571

**SUBTOTAL** of Disbursements This Page (optional).....

294.73

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Facebook**

Mailing Address 1 Hacker Way

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	6

Amount of Each Disbursement this Period

82.83

☐ Memo Item

Transaction ID : B-892

**B. Facebook**

Mailing Address 1 Hacker Way

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	6

Amount of Each Disbursement this Period

10.43

☐ Memo Item

Transaction ID : B-994

**C. Facebook**

Mailing Address 1 Hacker Way

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	6

Amount of Each Disbursement this Period

219.45

☐ Memo Item

Transaction ID : B-995

**SUBTOTAL** of Disbursements This Page (optional).....

312.71

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Daniel Fitzpatrick**

Mailing Address 208 West Water Street

City	State	Zip Code
Syracuse	NY	13202

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2016

Amount of Each Disbursement this Period

1971.12

☐ Memo Item

Transaction ID : B-377

Full Name (Last, First, Middle Initial)

**B. Daniel Fitzpatrick**

Mailing Address 208 West Water Street

City	State	Zip Code
Syracuse	NY	13202

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2016

Amount of Each Disbursement this Period

1971.12

☐ Memo Item

Transaction ID : B-605

Full Name (Last, First, Middle Initial)

**C. Daniel Fitzpatrick**

Mailing Address 208 West Water Street

City	State	Zip Code
Syracuse	NY	13202

Purpose of Disbursement  
NO MEMO REACHES ITEMIZATION

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

30.97

☐ Memo Item

Transaction ID : B-661

**SUBTOTAL** of Disbursements This Page (optional).....

3973.21

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Daniel Fitzpatrick**

Mailing Address 208 West Water Street

City	State	Zip Code
Syracuse	NY	13202

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

1971.14

☐ Memo Item

Transaction ID : B-877

Full Name (Last, First, Middle Initial)

**B. Daniel Fitzpatrick**

Mailing Address 208 West Water Street

City	State	Zip Code
Syracuse	NY	13202

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2016

Amount of Each Disbursement this Period

1971.12

☐ Memo Item

Transaction ID : B-863

Full Name (Last, First, Middle Initial)

**C. Daniel Fitzpatrick**

Mailing Address 208 West Water Street

City	State	Zip Code
Syracuse	NY	13202

Purpose of Disbursement  
NO MEMO REACHES ITEMIZATION

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

Amount of Each Disbursement this Period

48.00

☐ Memo Item

Transaction ID : B-835

**SUBTOTAL** of Disbursements This Page (optional).....

3990.26

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Daniel Fitzpatrick**

Mailing Address 208 West Water Street

City	State	Zip Code
Syracuse	NY	13202

Purpose of Disbursement  
NO MEMO REACHES ITEMIZATION

006

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Other (specify)		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2016

Amount of Each Disbursement this Period

155.48

☐ Memo Item

Transaction ID : B-833

Full Name (Last, First, Middle Initial)

**B. Daniel Fitzpatrick**

Mailing Address 208 West Water Street

City	State	Zip Code
Syracuse	NY	13202

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Other (specify)		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

1971.12

☐ Memo Item

Transaction ID : B-981

Full Name (Last, First, Middle Initial)

**c. Goodwill Theatre, Inc.**Mailing Address 67 Broad Street  
Suite 210

City	State	Zip Code
Johnson City	NY	13790

Purpose of Disbursement  
Facility Rental

007

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Other (specify)		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2016

Amount of Each Disbursement this Period

260.00

☐ Memo Item

Transaction ID : B-582

**SUBTOTAL** of Disbursements This Page (optional).....

2386.60

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Grasshopper**Mailing Address 197 1st Avenue  
Suite 200

City Needham State MA Zip Code 02494

Purpose of Disbursement  
Software Service

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2016

Amount of Each Disbursement this Period

204.43

☒ Memo Item

Transaction ID : B-1031

**B. Hummel Printing**

Mailing Address 850 Springfield Road

City Union State NJ Zip Code 07083

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2016

Amount of Each Disbursement this Period

6898.23

☐ Memo Item

Transaction ID : B-399

**c. Hummel Printing**

Mailing Address 850 Springfield Road

City Union State NJ Zip Code 07083

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2016

Amount of Each Disbursement this Period

6898.23

☐ Memo Item

Transaction ID : B-425

**SUBTOTAL** of Disbursements This Page (optional).....

13796.46

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 92 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Hummel Printing**

Mailing Address 850 Springfield Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2016

City	State	Zip Code
Union	NJ	07083

Amount of Each Disbursement this Period

5437.76
---------

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : B-420

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**B. Hummel Printing**

Mailing Address 850 Springfield Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2016

City	State	Zip Code
Union	NJ	07083

Amount of Each Disbursement this Period

5437.76
---------

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : B-432

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**C. Hummel Printing**

Mailing Address 850 Springfield Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2016

City	State	Zip Code
Union	NJ	07083

Amount of Each Disbursement this Period

6490.85
---------

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : B-830

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

17366.37

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 93 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Hummel Printing**

Mailing Address 850 Springfield Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

City	State	Zip Code
Union	NJ	07083

Amount of Each Disbursement this Period

1805.06
---------

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : B-966

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. i360**

Mailing Address PO Box 37046

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2016

City	State	Zip Code
Baltimore	MD	21297

Amount of Each Disbursement this Period

1250.00
---------

Purpose of Disbursement  
Software Service

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : B-584

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. i360**

Mailing Address PO Box 37046

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

City	State	Zip Code
Baltimore	MD	21297

Amount of Each Disbursement this Period

2952.93
---------

Purpose of Disbursement  
SEE MEMO ITEMS

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : B-900

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6007.99

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. i360**

Mailing Address PO Box 37046

City	State	Zip Code
Baltimore	MD	21297

Purpose of Disbursement  
Software Service

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

750.00

☒ Memo Item

Transaction ID : B-901

**B. i360**

Mailing Address PO Box 37046

City	State	Zip Code
Baltimore	MD	21297

Purpose of Disbursement  
Robocalls

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

5.92

☒ Memo Item

Transaction ID : B-902

**C. i360**

Mailing Address PO Box 37046

City	State	Zip Code
Baltimore	MD	21297

Purpose of Disbursement  
List Purchase

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

2197.01

☒ Memo Item

Transaction ID : B-903

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 95 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Integrated Solutions Political**Mailing Address 4142 Adams Avenue  
Suite 103-550

City San Diego State CA Zip Code 92116

Purpose of Disbursement  
Software Service

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

Amount of Each Disbursement this Period

1468.97

☐ Memo Item

Transaction ID : B-561

Full Name (Last, First, Middle Initial)

**B. Integrated Solutions Political**Mailing Address 4142 Adams Avenue  
Suite 103-550

City San Diego State CA Zip Code 92116

Purpose of Disbursement  
Software Service

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2016

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Transaction ID : B-891

Full Name (Last, First, Middle Initial)

**C. Integrated Solutions Political**Mailing Address 4142 Adams Avenue  
Suite 103-550

City San Diego State CA Zip Code 92116

Purpose of Disbursement  
Software Service

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Transaction ID : B-973

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2668.97

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 96 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. J.T. Properties LLC**

Mailing Address 6609 South Salina Street

City	State	Zip Code
Nedrow	NY	13120

Purpose of Disbursement  
Rent

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : B-424

Full Name (Last, First, Middle Initial)

**B. J.T. Properties LLC**

Mailing Address 6609 South Salina Street

City	State	Zip Code
Nedrow	NY	13120

Purpose of Disbursement  
Rent

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : B-431

Full Name (Last, First, Middle Initial)

**C. J.T. Properties LLC**

Mailing Address 6609 South Salina Street

City	State	Zip Code
Nedrow	NY	13120

Purpose of Disbursement  
Rent

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2016

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Transaction ID : B-772

**SUBTOTAL** of Disbursements This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Jamestown Associates**

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement  
SEE MEMO ITEM

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

1300.00

☐ Memo Item

Transaction ID : B-403

Full Name (Last, First, Middle Initial)

**B. Jamestown Associates**

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

6946.00

☐ Memo Item

Transaction ID : B-428

Full Name (Last, First, Middle Initial)

**C. Jamestown Associates**

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

45591.00

☐ Memo Item

Transaction ID : B-422

SUBTOTAL of Disbursements This Page (optional).....

53837.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 98 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Jamestown Associates**

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement  
Printing

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

8212.80

☐ Memo Item

Transaction ID : B-423

Full Name (Last, First, Middle Initial)

**B. Jamestown Associates**

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement  
Advertising Production

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2016

Amount of Each Disbursement this Period

19336.16

☐ Memo Item

Transaction ID : B-434

Full Name (Last, First, Middle Initial)

**C. Jamestown Associates**

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2016

Amount of Each Disbursement this Period

6946.00

☐ Memo Item

Transaction ID : B-583

SUBTOTAL of Disbursements This Page (optional).....

34494.96

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 99 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Jamestown Associates**

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement  
Printing

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

6840.00

☐ Memo Item

Transaction ID : B-602

Full Name (Last, First, Middle Initial)

**B. Jamestown Associates**

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement  
Direct Mail

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

6550.00

☐ Memo Item

Transaction ID : B-662

Full Name (Last, First, Middle Initial)

**C. Jamestown Associates**

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement  
Printing

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2016

Amount of Each Disbursement this Period

6250.00

☐ Memo Item

Transaction ID : B-674

**SUBTOTAL** of Disbursements This Page (optional).....

19640.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Jamestown Associates**

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement  
Advertising Production

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	6

Amount of Each Disbursement this Period

8992.93

☐ Memo Item

Transaction ID : B-753

**B. Jamestown Associates**

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	6

Amount of Each Disbursement this Period

20241.00

☐ Memo Item

Transaction ID : B-779

**C. Jamestown Associates**

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	6

Amount of Each Disbursement this Period

50648.00

☐ Memo Item

Transaction ID : B-831

**SUBTOTAL** of Disbursements This Page (optional).....

79881.93

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Jamestown Associates**

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

23916.00

☐ Memo Item

Transaction ID : B-917

Full Name (Last, First, Middle Initial)

**B. Liberty Management & Technology**

Mailing Address PO Box 6897

City	State	Zip Code
Syracuse	NY	13217

Purpose of Disbursement  
Software Service

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Transaction ID : B-429

Full Name (Last, First, Middle Initial)

**C. Lisle Fire Company, Inc.**

Mailing Address 9090 Main Street

City	State	Zip Code
Lisle	NY	13797

Purpose of Disbursement  
Facility Rental

007

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Transaction ID : B-898

**SUBTOTAL** of Disbursements This Page (optional).....

31666.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 102 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Rebecca Lumsden**

Mailing Address 309 East Hill Road

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	6

Amount of Each Disbursement this Period

1432.39

☒ Memo Item

Transaction ID : B-556

**B. Rebecca Lumsden**

Mailing Address 309 East Hill Road

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	6

Amount of Each Disbursement this Period

1432.39

☒ Memo Item

Transaction ID : B-527

**C. Rebecca Lumsden**

Mailing Address 309 East Hill Road

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
NO MEMO REACHES ITEMIZATION

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	6

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Transaction ID : B-581

**SUBTOTAL** of Disbursements This Page (optional).....

150.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Rebecca Lumsden**

Mailing Address 309 East Hill Road

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

1432.39

☒ Memo Item

Transaction ID : B-881

Full Name (Last, First, Middle Initial)

**B. Rebecca Lumsden**

Mailing Address 309 East Hill Road

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
SEE MEMO ITEM

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

95.33

☐ Memo Item

Transaction ID : B-739

Full Name (Last, First, Middle Initial)

**C. Rebecca Lumsden**

Mailing Address 309 East Hill Road

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

Amount of Each Disbursement this Period

1432.39

☒ Memo Item

Transaction ID : B-858

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

95.33

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Rebecca Lumsden**

Mailing Address 309 East Hill Road

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

1432.39

☐ Memo Item

Transaction ID : B-969

Full Name (Last, First, Middle Initial)

**B. Michelle Noonan**

Mailing Address 824 Front Street

City	State	Zip Code
Vestal	NY	13850

Purpose of Disbursement  
Graphic Design Services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

315.00

☐ Memo Item

Transaction ID : B-744

Full Name (Last, First, Middle Initial)

**C. Michael B. Oliver**

Mailing Address 1080 Whisper Ridge Drive

City	State	Zip Code
Chittenango	NY	13037

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

1133.61

☒ Memo Item

Transaction ID : B-557

**SUBTOTAL** of Disbursements This Page (optional).....

1747.39

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Michael B. Oliver**

Mailing Address 1080 Whisper Ridge Drive

City	State	Zip Code
Chittenango	NY	13037

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

849.86

☒ Memo Item

Transaction ID : B-528

Full Name (Last, First, Middle Initial)

**B. Michael B. Oliver**

Mailing Address 1080 Whisper Ridge Drive

City	State	Zip Code
Chittenango	NY	13037

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

1218.69

☒ Memo Item

Transaction ID : B-882

Full Name (Last, First, Middle Initial)

**C. Michael B. Oliver**

Mailing Address 1080 Whisper Ridge Drive

City	State	Zip Code
Chittenango	NY	13037

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

Amount of Each Disbursement this Period

1161.97

☒ Memo Item

Transaction ID : B-859

**SUBTOTAL** of Disbursements This Page (optional).....

0.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Michael B. Oliver**

Mailing Address 1080 Whisper Ridge Drive

City	State	Zip Code
Chittenango	NY	13037

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

1076.89

☒ Memo Item

Transaction ID : B-976

Full Name (Last, First, Middle Initial)

**B. Nicholas R. Paro**

Mailing Address 7799 Bainbridge Drive

City	State	Zip Code
Liverpool	NY	13090

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

349.35

☒ Memo Item

Transaction ID : B-529

Full Name (Last, First, Middle Initial)

**c. Nicholas R. Paro**

Mailing Address 7799 Bainbridge Drive

City	State	Zip Code
Liverpool	NY	13090

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

302.34

☒ Memo Item

Transaction ID : B-883

**SUBTOTAL** of Disbursements This Page (optional).....

0.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Nicholas R. Paro**

Mailing Address 7799 Bainbridge Drive

City	State	Zip Code
Liverpool	NY	13090

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

1352.01

☒ Memo Item

Transaction ID : B-977

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
SEE MEMO ITEMS

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

7619.59

☐ Memo Item

Transaction ID : B-554

Full Name (Last, First, Middle Initial)

**c. Paychex**

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2016

Amount of Each Disbursement this Period

5193.74

☐ Memo Item

Transaction ID : B-549

**SUBTOTAL** of Disbursements This Page (optional).....

12813.33

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
Payroll Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2016

Amount of Each Disbursement this Period

132.31

☐ Memo Item

Transaction ID : B-550

**B. Paychex**

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
SEE MEMO ITEMS

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

7504.17

☐ Memo Item

Transaction ID : B-525

**C. Paychex**

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2016

Amount of Each Disbursement this Period

4880.89

☐ Memo Item

Transaction ID : B-522

**SUBTOTAL** of Disbursements This Page (optional).....

12517.37

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
Payroll Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2016

Amount of Each Disbursement this Period

116.04

☐ Memo Item

Transaction ID : B-523

**B. Paychex**

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
SEE MEMO ITEMS

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

11132.93

☐ Memo Item

Transaction ID : B-879

**C. Paychex**

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2016

Amount of Each Disbursement this Period

6912.83

☐ Memo Item

Transaction ID : B-888

**SUBTOTAL** of Disbursements This Page (optional).....

18161.80

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 110 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
Payroll Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2016

Amount of Each Disbursement this Period

124.24

☐ Memo Item

Transaction ID : B-889

**B. Paychex**

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
SEE MEMO ITEMS

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

Amount of Each Disbursement this Period

10104.68

☐ Memo Item

Transaction ID : B-856

**c. Paychex**

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2016

Amount of Each Disbursement this Period

6474.59

☐ Memo Item

Transaction ID : B-864

**SUBTOTAL** of Disbursements This Page (optional).....

16703.51

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
Payroll Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2016

Amount of Each Disbursement this Period

116.74

☐ Memo Item

Transaction ID : B-865

**B. Paychex**

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
SEE MEMO ITEMS

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

5621.10

☐ Memo Item

Transaction ID : B-974

**c. Paychex**

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
Payroll Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

110.50

☐ Memo Item

Transaction ID : B-970

**SUBTOTAL** of Disbursements This Page (optional).....

5848.34

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

4440.07

☐ Memo Item

Transaction ID : B-972

**B. Public Opinion Strategies**

Mailing Address 214 North Fayette Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Polling

005

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

19000.00

☐ Memo Item

Transaction ID : B-842

**c. Public Opinion Strategies**

Mailing Address 214 North Fayette Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Polling

005

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

7750.00

☐ Memo Item

Transaction ID : B-899

**SUBTOTAL** of Disbursements This Page (optional).....

31190.07

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Push Digital, LLC**

Mailing Address PO Box 21892

City	State	Zip Code
Charleston	SC	29413

Purpose of Disbursement  
Strategic Campaign Consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2016

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Transaction ID : B-401

**B. Push Digital, LLC**

Mailing Address PO Box 21892

City	State	Zip Code
Charleston	SC	29413

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

6563.00

☐ Memo Item

Transaction ID : B-663

**c. Push Digital, LLC**

Mailing Address PO Box 21892

City	State	Zip Code
Charleston	SC	29413

Purpose of Disbursement  
SEE MEMO ITEMS

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

2520.00

☐ Memo Item

Transaction ID : B-745

**SUBTOTAL** of Disbursements This Page (optional).....

11583.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Push Digital, LLC**

Mailing Address PO Box 21892

City	State	Zip Code
Charleston	SC	29413

Purpose of Disbursement  
Strategic Campaign Consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

2500.00

☒ Memo Item

Transaction ID : B-746

**B. Push Digital, LLC**

Mailing Address PO Box 21892

City	State	Zip Code
Charleston	SC	29413

Purpose of Disbursement  
Website Maintenance

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Transaction ID : B-747

**c. Push Digital, LLC**

Mailing Address PO Box 21892

City	State	Zip Code
Charleston	SC	29413

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2016

Amount of Each Disbursement this Period

6563.00

☐ Memo Item

Transaction ID : B-832

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6563.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Sentry Alarms, LLC**

Mailing Address 40 Chenango Street

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
Security Service

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

430.92

☐ Memo Item

Transaction ID : B-569

**B. Sentry Alarms, LLC**

Mailing Address 40 Chenango Street

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
Security Service

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

Amount of Each Disbursement this Period

32.36

☐ Memo Item

Transaction ID : B-547

**c. Sentry Alarms, LLC**

Mailing Address 40 Chenango Street

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
Security Service

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

43.15

☐ Memo Item

Transaction ID : B-894

**SUBTOTAL** of Disbursements This Page (optional).....

506.43

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Sentry Alarms, LLC**

Mailing Address 40 Chenango Street

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
Security Service

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

43.15

☐ Memo Item

Transaction ID : B-996

Full Name (Last, First, Middle Initial)

**B. ShelterPoint Life Insurance Co.**

Mailing Address PO Box 220727

City	State	Zip Code
Great Neck	NY	11021

Purpose of Disbursement  
Insurance

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2016

Amount of Each Disbursement this Period

262.40

☐ Memo Item

Transaction ID : B-585

Full Name (Last, First, Middle Initial)

**c. Staples**

Mailing Address 1290 Front Street

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
General Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2016

Amount of Each Disbursement this Period

28.38

☐ Memo Item

Transaction ID : B-543

**SUBTOTAL** of Disbursements This Page (optional).....

333.93

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 1290 Front Street

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
General Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

113.36

☐ Memo Item

Transaction ID : B-541

**B. Staples**

Mailing Address 1290 Front Street

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
General Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

242.97

☐ Memo Item

Transaction ID : B-542

**c. Staples**

Mailing Address 500 Staples Drive

City	State	Zip Code
Framingham	MA	01702

Purpose of Disbursement  
General Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2016

Amount of Each Disbursement this Period

1076.48

☒ Memo Item

Transaction ID : B-1035

**SUBTOTAL** of Disbursements This Page (optional).....

356.33

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 1290 Front Street

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
General Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

201.64

☒ Memo Item

Transaction ID : B-595

**B. Staples**

Full Name (Last, First, Middle Initial)

Mailing Address 1290 Front Street

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
General Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

43.23

☒ Memo Item

Transaction ID : B-740

**C. Christian J. Stellakis**

Full Name (Last, First, Middle Initial)

Mailing Address 397 Fox Road

City	State	Zip Code
Bridgeport	NY	13030

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

347.81

☒ Memo Item

Transaction ID : B-884

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Christian J. Stellakis**

Mailing Address 397 Fox Road

City	State	Zip Code
Bridgeport	NY	13030

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

749.83

☒ Memo Item

Transaction ID : B-978

Full Name (Last, First, Middle Initial)

**B. Justin E. Stokes**Mailing Address 2525 10th Street North  
Apartment 412

City	State	Zip Code
Arlington	VA	22201

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

1065.39

☒ Memo Item

Transaction ID : B-558

Full Name (Last, First, Middle Initial)

**c. Justin E. Stokes**Mailing Address 2525 10th Street North  
Apartment 412

City	State	Zip Code
Arlington	VA	22201

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

1065.38

☒ Memo Item

Transaction ID : B-530

**SUBTOTAL** of Disbursements This Page (optional).....

0.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Justin E. Stokes**Mailing Address 2525 10th Street North  
Apartment 412City State Zip Code  
Arlington VA 22201Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

3740.95

☒ Memo Item

Transaction ID : B-885

**B. Justin E. Stokes**Mailing Address 2525 10th Street North  
Apartment 412City State Zip Code  
Arlington VA 22201Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

Amount of Each Disbursement this Period

3740.96

☒ Memo Item

Transaction ID : B-860

**c. The Lincklaen House**

Mailing Address 79 Albany Street

City State Zip Code  
Cazenovia NY 13035Purpose of Disbursement  
Catering

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

Amount of Each Disbursement this Period

454.91

☐ Memo Item

Transaction ID : B-563

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

454.91



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. James M. Thomas**

Mailing Address 25 Woodland Road

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

2748.80

☒ Memo Item

Transaction ID : B-559

Full Name (Last, First, Middle Initial)

**B. James M. Thomas**

Mailing Address 25 Woodland Road

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

2748.80

☒ Memo Item

Transaction ID : B-531

Full Name (Last, First, Middle Initial)

**C. James M. Thomas**

Mailing Address 25 Woodland Road

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
SEE MEMO ITEMS

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2016

Amount of Each Disbursement this Period

2133.38

☐ Memo Item

Transaction ID : B-436

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2133.38

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. James M. Thomas**

Mailing Address 25 Woodland Road

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
SEE MEMO ITEM

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

201.64
--------

☐ Memo Item

Transaction ID : B-594

**B. James M. Thomas**

Mailing Address 25 Woodland Road

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

2748.78
---------

☒ Memo Item

Transaction ID : B-886

**C. James M. Thomas**

Mailing Address 25 Woodland Road

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

Amount of Each Disbursement this Period

2748.80
---------

☒ Memo Item

Transaction ID : B-861

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

201.64

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Three Bear Inn Restaurant**

Mailing Address 3 Broome Street

City	State	Zip Code
Marathon	NY	13803

Purpose of Disbursement  
Meal Expense

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2016

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Transaction ID : B-524

Full Name (Last, First, Middle Initial)

**B. Time Warner Cable**

Mailing Address PO Box 70872

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement  
Internet Service

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2016

Amount of Each Disbursement this Period

144.99

☐ Memo Item

Transaction ID : B-427

Full Name (Last, First, Middle Initial)

**C. Time Warner Cable**

Mailing Address PO Box 70872

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement  
Internet Service

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2016

Amount of Each Disbursement this Period

144.99

☐ Memo Item

Transaction ID : B-752

**SUBTOTAL** of Disbursements This Page (optional).....

589.99

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Travelodge Little Falls**

Mailing Address 20 Albany Street

City	State	Zip Code
Little Falls	NY	13365

Purpose of Disbursement  
Lodging

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

Amount of Each Disbursement this Period

362.73

☐ Memo Item

Transaction ID : B-536

Full Name (Last, First, Middle Initial)

**B. Travelodge Little Falls**

Mailing Address 20 Albany Street

City	State	Zip Code
Little Falls	NY	13365

Purpose of Disbursement  
Lodging

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

56.36

☐ Memo Item

Transaction ID : B-890

Full Name (Last, First, Middle Initial)

**c. United Imaging & Printing**

Mailing Address 6493 Ridings Road

City	State	Zip Code
Syracuse	NY	13206

Purpose of Disbursement  
Printing

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

Amount of Each Disbursement this Period

342.90

☐ Memo Item

Transaction ID : B-398

**SUBTOTAL** of Disbursements This Page (optional).....

761.99

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. United Imaging & Printing**

Mailing Address 6493 Ridings Road

City	State	Zip Code
Syracuse	NY	13206

Purpose of Disbursement  
Printing

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2016

Amount of Each Disbursement this Period

32.40

☐ Memo Item

Transaction ID : B-426

Full Name (Last, First, Middle Initial)

**B. United Imaging & Printing**

Mailing Address 6493 Ridings Road

City	State	Zip Code
Syracuse	NY	13206

Purpose of Disbursement  
Direct Mailing

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

951.48

☐ Memo Item

Transaction ID : B-782

Full Name (Last, First, Middle Initial)

**C. United States Postal Service**

Mailing Address 88 Main Street

City	State	Zip Code
Cortland	NY	13045

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2016

Amount of Each Disbursement this Period

235.00

☐ Memo Item

Transaction ID : B-535

**SUBTOTAL** of Disbursements This Page (optional).....

1218.88

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address 475 L'Enfant Plaza Southwest

City	State	Zip Code
Washington	DC	20260

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2016

Amount of Each Disbursement this Period

50.00
-------

☐ Memo Item

Transaction ID : B-606

**B. United States Postal Service**

Mailing Address 475 L'Enfant Plaza Southwest

City	State	Zip Code
Washington	DC	20260

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

50.00
-------

☐ Memo Item

Transaction ID : B-871

**c. United States Postal Service**

Mailing Address 475 L'Enfant Plaza Southwest

City	State	Zip Code
Washington	DC	20260

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2016

Amount of Each Disbursement this Period

100.00
--------

☐ Memo Item

Transaction ID : B-867

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

200.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address 475 L'Enfant Plaza Southwest

City	State	Zip Code
Washington	DC	20260

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Transaction ID : B-971

**B. Jillian G. Vogl**

Mailing Address 2305 Wellington Drive

City	State	Zip Code
Cazenovia	NY	13035

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

672.65

☒ Memo Item

Transaction ID : B-560

**c. Jillian G. Vogl**

Mailing Address 2305 Wellington Drive

City	State	Zip Code
Cazenovia	NY	13035

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

672.65

☒ Memo Item

Transaction ID : B-532

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

50.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 128 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Jillian G. Vogl**

Mailing Address 2305 Wellington Drive

City	State	Zip Code
Cazenovia	NY	13035

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

672.66

☒ Memo Item

Transaction ID : B-887

Full Name (Last, First, Middle Initial)

**B. Jillian G. Vogl**

Mailing Address 2305 Wellington Drive

City	State	Zip Code
Cazenovia	NY	13035

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

Amount of Each Disbursement this Period

672.66

☒ Memo Item

Transaction ID : B-862

Full Name (Last, First, Middle Initial)

**C. Jillian G. Vogl**

Mailing Address 2305 Wellington Drive

City	State	Zip Code
Cazenovia	NY	13035

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

1229.22

☒ Memo Item

Transaction ID : B-979

**SUBTOTAL** of Disbursements This Page (optional).....

0.00

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Walter Sheehy Photography**

Mailing Address 7881 Martin Road

City	State	Zip Code
Adams	NY	13605

Purpose of Disbursement  
Photography Services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

1300.00

☒ Memo Item

Transaction ID : B-598

**B. Wells Fargo Bank**

Mailing Address 7901 Wisconsin Avenue

City	State	Zip Code
Bethesda	MD	20814

Purpose of Disbursement  
Banking Service Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

183.10

☐ Memo Item

Transaction ID : B-699

**C. Steven Wells**

Mailing Address 4478 New York 92

City	State	Zip Code
Cazenovia	NY	13035

Purpose of Disbursement  
NO MEMO REACHES ITEMIZATION

002

Candidate Name

Steven Wells

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: NY

District: 22

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2016

Amount of Each Disbursement this Period

81.00

☐ Memo Item

Transaction ID : B-400

**SUBTOTAL** of Disbursements This Page (optional).....

264.10

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 130 OF 137

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Wladis Law Firm, P.C.**

Mailing Address PO Box 245

City	State	Zip Code
Syracuse	NY	13214

Purpose of Disbursement  
Legal Consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2016

Amount of Each Disbursement this Period

9862.38

☐ Memo Item

Transaction ID : B-722

Full Name (Last, First, Middle Initial)

**B. Wladis Law Firm, P.C.**

Mailing Address PO Box 245

City	State	Zip Code
Syracuse	NY	13214

Purpose of Disbursement  
Legal Consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2016

Amount of Each Disbursement this Period

2818.75

☐ Memo Item

Transaction ID : B-754

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....

12681.13

**TOTAL** This Period (last page this line number only).....

470334.46

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

**A. Push Beverages, LLC**

Mailing Address PO Box 343

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2016

City	State	Zip Code
Succasunna	NJ	07876

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution Refund

010

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : B-390

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Anastasia Semel**Mailing Address 5784 Stone Gate Heights  
#8

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

City	State	Zip Code
Jamesville	NY	13078

Amount of Each Disbursement this Period

350.00
--------

Purpose of Disbursement  
Contribution Refund

010

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : B-700

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

1350.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 132 OF 137

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-1

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
4478 New York 92

City	State	ZIP Code
Cazenovia	NY	13035

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
02 / 03 / 2016

Date Due

M M / D D / Y Y Y Y  
On Demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 133 OF 137

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-733

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
4478 New York 92

City	State	ZIP Code
Cazenovia	NY	13035

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="25000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25000.00"/>

**TERMS**

Date Incurred

 /  / 

Date Due

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>

**SUBTOTALS** This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 134 OF 137

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-875

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
4478 New York 92

City	State	ZIP Code
Cazenovia	NY	13035

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="25000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25000.00"/>

**TERMS**

Date Incurred

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	6

Date Due

M	M	/	D	D	/	Y	Y	Y	Y
			O	n		D	e	m	a

Interest Rate

<input type="text" value="0.00"/>	% (apr)
-----------------------------------	---------

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount Guaranteed Outstanding:	<input type="text"/>
--------------------------------------	----------------------

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount Guaranteed Outstanding:	<input type="text"/>
--------------------------------------	----------------------

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount Guaranteed Outstanding:	<input type="text"/>
--------------------------------------	----------------------

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount Guaranteed Outstanding:	<input type="text"/>
--------------------------------------	----------------------

**SUBTOTALS** This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 135 OF 137

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-828

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
4478 New York 92

City

State

ZIP Code

Cazenovia

NY

13035

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
05 / 27 / 2016

Date Due

M M / D D / Y Y  
On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-915

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
4478 New York 92

City	State	ZIP Code
Cazenovia	NY	13035

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
06 / 03 / 2016

Date Due

M M / D D / Y Y  
On Demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

25000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-967

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
4478 New York 92

City	State	ZIP Code
Cazenovia	NY	13035

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

**TERMS**

Date Incurred

M M / D D / Y Y  
06 / 08 / 2016

Date Due

M M / D D / Y Y  
On Demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2500.00

**TOTALS** This Period (last page in this line only)..... ►

227500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.